

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILING DATE

APPLICANT/ET

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	WKO.	OEP.	WKO.	OEP.	WKO.	OEP.
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TOTAL WKO.	4					
TOTAL OEP.	17					
TOTAL 21						

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TOTAL WKO.						
TOTAL OEP.						
TOTAL	122525		155532		122525	

BEST AVAILABLE COPY